

Mr & Mrs MF Joomun

# Cherry Leas Care Home

## Inspection report

7 Third Avenue  
Clacton On Sea  
Essex  
CO15 5AP

Tel: 01255221726

Date of inspection visit:  
25 October 2022  
04 November 2022

Date of publication:  
22 November 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cherry Leas Care Home is a residential care home providing personal care to up to 16 people. The service provides support to older people and people living with dementia. Cherry Leas Care Home accommodates 16 people in one adapted building. At the time of our inspection there were 9 people using the service.

### People's experience of using this service and what we found

The provider had initiated and implemented improvements since our last inspection. The provider had registered with the Care Quality Commission as manager of the service and was supported by a senior care worker who was taking over some management tasks. The provider had a strong focus on making improvements to the service and on creating a positive culture for the people who live there and the staff team.

The management of risks to people's safety had improved. There were processes to identify risks and evidence action was taken to address these. Risks were monitored and assessments had been updated. There was a process in place to oversee incidents and accidents and to assess these for themes so action could be taken to mitigate further risk.

People were protected from the risk of abuse. The provider was aware of how to make statutory notifications to CQC and these had been made regarding serious injury to people who use the service and safeguarding referrals made to the local authority.

There were enough staff to support people to stay safe and meet their needs. Staff spoke positively about the improvements to the service and said they felt able to raise concerns.

People were supported by staff who knew them well and people's relatives spoke positively about the care they received.

People received their medicines as prescribed. The provider had assessed staff competency to help ensure they understood how to support people appropriately with their medicines. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management of infection control processes had improved. The provider followed national guidance in relation to infection control. The premises at Cherry Leas Care Home were clean and hygienic and there were areas that had been refurbished.

The provider had improved the systems to assess the quality of the service provided, by introducing quality assurance processes to identify areas for improvement.

The provider and staff team had developed positive working relationships with external stakeholders and other healthcare professionals. There was clear evidence of the provider working in partnership to make improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 26 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

This service has been in Special Measures since 26 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 27 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Leas Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cherry Leas Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Cherry Leas Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Leas Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 October 2022 and ended on 4 November 2022. We visited the location's service on 25 October 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spent time observing people and the care they received. We spoke with two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records, monitoring charts and medicines records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found on inspection and we reviewed training records and quality assurance documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and manage the risks relating to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider's processes for assessing and monitoring risks to people's safety had improved since our last inspection. There were systems in place for appropriate action to be taken to mitigate future risk. For example, the risk assessment process was comprehensive and took account of factors affecting a person's mobility. The provider had identified that one person who lived at the service had fallen more frequently when taking specific medicine and had updated their care plan to address this. Additionally, we saw that a person with mobility issues was moved from a first floor to a ground floor room to better accommodate their needs. Risk assessments were updated to reflect changes in the needs of the individual.
- At our previous inspection people's fluid and dietary intake was not effectively monitored. At this inspection, this had improved. Records reviewed showed there were completed malnutrition risk assessments and care plans in place for people who lived at the service. Daily notes reviewed showed that food and fluid intake was being recorded, as was when a person had eaten little or refused a meal. Minutes from a staff meeting demonstrated that nutrition records were discussed by the staff team.
- At our previous inspection, individual risk assessments had not always been updated to reflect changes in people's support requirements. At this inspection, the provider had implemented a new electronic system and was in the process of updating the risk assessments and care plans for all of the people who lived at the service. The two care plans reviewed demonstrated that there were clear risk assessments, with actions recorded to mitigate risk, and that these were updated when people's needs changed.
- At our previous inspection, the fire risk assessment did not appropriately identify all the risks to people who lived at the service. At this inspection, personal emergency evacuation plans (PEEPs) had been reviewed for all of the people who lived at the service, were more detailed and outlined the support needs of each person. We also saw that these had been discussed in a staff meeting.
- At our previous inspection, we reviewed a report of non-compliance from the fire authority which had been issued to the provider regarding aspects of the environment that required action to make them safe. At this inspection, we found the provider had taken action to address the identified risks. For example, smoke detectors had been installed in additional areas and fire exits were kept clear.
- At our previous inspection, environmental risks were identified including wardrobes at risk of falling as

they were not affixed to bedroom walls. At this inspection, we found the provider had addressed the identified environmental risks and that wardrobes were affixed to bedroom walls.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place or had been applied for to deprive a person of their liberty. However, the provider had not received the outcomes of the applications to deprive people of their liberty. The provider told us they had taken action to address this and would continue to do so.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough suitably qualified, competent and experienced staff to support people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our previous inspection we found there were not enough staff available to support people to stay safe and meet their needs. At this inspection there were enough staff available to support people with their care needs. The staff team were observed engaging with people in a calm and compassionate manner. We observed one person who told the staff team they felt unwell. They were supported to eat and drink while their GP was called.
- Staff told us "The home feels much better now. Improvements are being made and people are working as a team".
- At our previous inspection, the provider had completed a dependency tool to calculate staffing levels in the service. However, this did not take account of the time taken for one staff member doing a medicines round, or the time taken to support people with certain aspects of their personal care, such as bathing. At this inspection, the provider had updated the dependency tool and there were enough staff to support the people who live at the service.
- One relative told us "There are enough staff and all the (carers) seem nice. My (relative) gets on with all the staff".
- We observed one person who required assistance to mobilise being supported to stand safely, with verbal instruction and kindness, until they were able to take hold of their mobility aid. This way of offering support to the person was reflected in their care plan.
- Two staff members told us they felt there were enough staff to meet the needs of the people who lived at the service.
- The registered manager had completed recruitment checks for new staff to ensure they were safe to work in the service. A new recruitment policy had been implemented which detailed the process and a recruitment staff file checklist, to ensure the checks required had been completed prior to a member of staff



starting work.

## Systems and processes to safeguard people from the risk of abuse

At our previous inspection the provider had failed to ensure the required statutory notifications relating to serious injury and safeguarding were made to CQC. This was a breach of Regulation 18 (Notification of other incidents) of Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The providers safeguarding processes had improved. There was a consistent approach for notifications to be made to the local authority.
- The provider understood the requirement to notify CQC of safeguarding referrals made or of any serious injury to a person who lived at the service.
- At our previous inspection, there was no recorded oversight of safeguarding referrals made to the local authority to help identify themes and trends. At this inspection, the oversight log was completed and contained information about referrals that had been made which meant any themes could be identified and action taken to address the risk.

## Using medicines safely

- People received their medicines as prescribed. The provider had assessed staff competency to ensure they understood how to support people appropriately with their medicines.
- One medicine administration record (MAR) was reviewed in depth and this was completed appropriately.
- The controlled drug register was reviewed and this was appropriately completed.
- People who were prescribed 'as required' medicines had protocols in place to monitor whether and why the medicine had been given.
- The provider completed monthly audits of medicines and of controlled drugs. The staff team had received medicines training and had their competency to administer medicines checked.
- The staff team had told the provider that the medicines round took a long time and as a result a healthcare pharmacy had been organised to supply blister packed medicines from November 2022.

## Preventing and controlling infection

- At our previous inspection we were not assured the service followed or met national guidance in relation to infection control. At this inspection we observed the service to be clean and hygienic. The bathrooms and shower room remained free of clutter and actions required had been undertaken.
- At the last inspection the premises were in need of repair and renovation. At this inspection, the premises still required attention however, we observed that some maintenance had been started, with two empty bedrooms re-decorated.

## Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives. One relative told us they went to the persons room when they were visiting them, to keep the other people in the home safe from infection.

## Learning lessons when things go wrong

- The provider who was also the registered manager told us they had worked hard to make improvements to the service using the action plan drawn up after their last inspection. We saw that most of the action

points on the plan had been actioned, and the provider was clearly aware of the remaining areas to address.

- Staff meeting minutes were reviewed, and these demonstrated that learning and improvement were discussed as agenda items.
- Improvements had been made to the recording and oversight of accidents and incidents to help mitigate risk of future occurrence.
- Staff members told us they would feel comfortable raising concerns with the provider or the senior staff member who was taking on management responsibilities.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had not ensured effective processes were in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been a change in registered manager at the service since the last inspection, with the provider taking on the role. This meant that they were at the service at least four days and available on call seven days each week. The provider had registered as manager with CQC.
- A senior staff member was being trained in management duties. They were slowly increasing their hours and responsibilities and had been booked to start a level 5 course in leadership and management in November 2022.
- The provider had compiled and worked to an improvement action plan and introduced a comprehensive programme of audits that were being completed. An electronic care planning system had been purchased and the provider was in the process of reviewing and transferring all paper records to this system.
- The systems for monitoring the quality and safety of the service had improved since our last inspection. For example, the fire risk assessment had been reviewed and action had been taken to address the recommendations in the fire safety report. Risk assessments had been reviewed and identified levels of risk specific to the person. Risks and incidents were recorded and there was a system of oversight and learning from these. The tool for reviewing staffing levels was sufficient and the provider had ensured the required staffing levels were maintained.
- The provider understood the duty of candour and the need to be open and transparent when things go wrong. They were aware of the statutory notifications required to be submitted to CQC in line with their regulatory responsibilities and had processes in place for reporting and investigating incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the previous inspection we found the provider did not ensure that support for staff was consistent and effective and that staff members did not always feel supported. Staff members told us that they were working as a team and felt more supported. They told us they felt able to approach management and were being listened to.
- The culture of the service had improved under the new registered manager. Staff were positive about the changes to the service. We observed that the service was calm, and staff engaged with people whenever they were needed. We also saw staff sitting and chatting with people and supporting them in a person-centred way. For example, when someone in the dining room coughed, the cook called out to them by name to check they were okay. People were given a choice of food and offered support to eat it. People were given their food at different times, depending on their choice and requirements. The service was decorated in a festive way to celebrate Halloween.
- At the previous inspection staff gave mixed feedback regarding staff meetings with some staff saying there were no staff meetings. At this inspection we reviewed the minutes of staff meetings for the previous three months and saw they were organised with an agenda and clear records. This meant the staff team had the opportunity to meet to give feedback, discuss concerns or share learning. For example, the minutes showed there had been a discussion about moving the date of the moving and handling training until after half-term, to accommodate parents who had children. We also saw discussions recorded regarding risk assessments being updated to reflect changes in people's needs.
- At the previous inspection, relatives spoke positively about the care provided at the service. For example, they told us that the staff were caring, and they trusted their relative being there; that the staff were good and were friendly and responsive to any requests. This remained the same at this inspection.
- Meetings of people who used the service were held on a monthly basis, where they could discuss the food they would like to eat and activities they would like to do. We saw the minutes of these for the previous three months. The provider attended these meetings and used them to inform people of changes to the service. For example, we saw the provider had told people they were now the registered manager of the service. We also saw the provider had told people about the move to an electronic records system. People had fed back that they liked to get their nails done and for staff to chat with them. There was also a meeting with the chef, where people's food likes and dislikes were discussed.
- The provider was in the process of compiling feedback from professionals, staff, relatives and people who use the service. The provider told us that they had done this verbally but had not yet recorded the information into a formal document.
- Care plans at the service now contained a section regarding the preferred gender of the person as well as their sexual orientation to ensure these protected characteristics were identified and supported.

#### Continuous learning and improving care

- At the previous inspection, the provider did not have embedded systems for good quality assurance and the service lacked drivers for improvement. At this inspection, there was a programme of quality assurance audits completed. These were up to date and included audits of medicines, controlled drugs and care plans. The recommendations by the fire safety team in January 2022 had been addressed and we observed fire escape corridors were clear of clutter.
- At the previous inspection, the provider did not always provide support and development for staff and did not always act on past risk or where actions were identified. At this inspection we saw that the staff were working as a team and training was up to date. Risks were assessed and monitored. Identified actions to mitigate risk were taken. For example, one person with limited mobility who was unable to use stairs, was moved from an upstairs to a downstairs room to help mitigate risks related to their mobility.
- At the previous inspection, governance structures were not used to support learning. At this inspection, there were clear audits being undertaken. Staff meetings were held monthly and used to share learning and take action to make changes and improvements. Meetings for the people who live at the service were held

monthly and used to share information as well as for them to offer feedback on ways to improve the service in meeting their needs.

- The training programme was reviewed and showed that training was up to date. Moving and handling training had been booked for the staff team but had been postponed.

#### Working in partnership with others

- The provider had implemented an improvement action plan following the last inspection. They had continued to work with this document, signing off actions as they were completed and amending the plan to ensure it remained current.
- At the previous inspection, one external partner informed CQC the management at the service was not always open to making the changes needed to make improvements. At this inspection, there was evidence of the provider working with stakeholders to make improvements to the service.
- The provider worked with healthcare professionals, such as GPs and district nurses to support the care and treatment needs of the people who lived at the service.